First Part

OF THE

REPORT

OF THE

SUB-COMMITTEE

OF THE

SOCIETY

FOR

PROMOTING THE COMFORTS

OF THE

POOR,

ON THE

CHARITABLE INSTITUTIONS OF DUBLIN.

DUBLIN:

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BRITISH MUSEUM
OCT 66

REPORT

OF THE

SUB-COMMITTEE.

THE SUB-COMMITTEE appointed to report on the ſtate of the Charitable Inſtitutions of the City of Dublin, have arranged thoſe inſtitutions under the following heads:

1. *Hoſpitals* for curable Patients.
2. *Aſylums*—including Penitentiaries—Widows' Houſes—Houſe of Induſtry—Royal Hoſpital—and Hoſpitals for the reception of incurable Patients, of the Blind and Gouty, and of Ideots and Maniacs.
3. Diſpenſaries for the relief of the Sick Poor.
4. Inſtitutions for diſpenſing money or neceſſaries to indigent Room-keepers.
5. Societies for the relief of the decayed Members of certain Profeſſions or Occupations.
6. Societies for the Reformation of Manners.
7. Schools.

HOSPITALS.

THE following obſervations are deduced from a careful and detailed enquiry into the ſtate of the following hoſpitals, for the three years laſt elapſed—1797, 1798, 1799:

1. Steven's.
2. Mercer's.
3. Charitable Infirmary, Jervis-ſt.
4. Meath Hoſpital.
5. Lying-in.
6. Lock.
7. Royal Military Infirmary.

On the ſtate of the Hoſpital of St. Nicholas and St. Catherine, it was found difficult to obtain information, and it was judged unneceſſary to urge the enquiry.

We conceive the expence of a patient's diet may be, on a liberal allowance, eſtimated at about 7*d.* a day, or £11 per year; about £2 more may be allowed for coals, candles, waſhing, and medicines—linen, furniture, repairs of the hoſpital and its eſtabliſhment, may be eſtimated at £8 annually per patient—ſo that the entire annual expence of ſupporting a bed will amount to about £20. It is here ſuppoſed that the hoſpital contains not more than 50 patients.—It is obvious that the complement of £12 to the annual expence will, in general, diminiſh as the number of beds in the hoſpital is encreaſed.

We

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We think it adviſeable that the nurſes and inferior officers ſhould be dieted; thus the temptation of miſapplying the proviſions of the poor is obviated, and there is a conſiderable ſaving of fuel, &c. which is expended when proviſions are dreſſed in private. Much care, we think, is neceſſary in framing the dietary.—Though no expence ought to be ſpared in relieving the real wants of the ſick, the intention of an hoſpital muſt be perverted when it affords temptation to the idle to protract, by feigned complaints, the term of their convaleſcence; or when it holds out to ſtrangers an inducement to frequent the hoſpital, leſs for the purpoſe of affording conſolation to their friends than to ſhare their too liberal allowance of proviſion.

The inſufficiency of the preſent hoſpitals in Dublin to the reception of the poor who require their aſſiſtance, we have conſidered as a ſubject deſerving a ſeparate inveſtigation; and when we compare their conſtruction with the plans ſuggeſted by recent obſervation, we cannot forbear expreſſing a wiſh that a new and extenſive eſtabliſhment of this deſcription became the object of public munificence. We muſt, at the ſame time, obſerve, that in moſt of the hoſpitals already eſtabliſhed in this city, whilſt the importunities for admiſſion are unceaſing, and in general fruitleſs, there is room for many more patients than can be ſupported in the preſent declining ſtate of their funds, and

a conſiderable number of the wards are of courſe ſhut up, and remain uſeleſs!—this evidently ariſes from the failure of ſubſcriptions, which, while the inſtitutions were yet recent, were liberally contributed by the public; the cauſe of this failure we have no doubt in reſolving into the frequent diſappointments which ſubſcribers have felt, when, in anſwer to their recommendation, they have been informed, that the beds of the hoſpital were all occupied.

This muſt neceſſarily ſo happen—the admiſſion of patients excluſively devolves on the medical governors—aſſailed by continual applications, their humanity prompts them inſtantly to ſupply every vacancy which happens in the open wards—and thus, however unwillingly, they are obliged to refuſe admittance to the patients whom ſubſcribers recommend.

To remedy this evil, to extend the benefits of ſuch inſtitutions without exhauſting the funds, and to gratify the feelings of ſuch humane perſons as may be intereſted for particular objects, we would propoſe, that in every hoſpital a certain number of beds ſhould be appropriated excluſively to the reception of patients recommended by ſubſcribers, whoſe right to procure admiſſion ſhould be exactly defined, reſpect being had to the ſum annually contributed.

We conceive the terms of ſubſcription might be ſo adjuſted as not only to enable the inſtitution to acquit itſelf of its engagements to ſubſcribers,

ſcribers, but to add conſiderably to its general fund. Payments ſhould be made in advance, and the right of recommending ſhould ceaſe as ſoon as an arrear was incurred. To obviate any abuſe of the deſign of the charity, printed forms might be contrived, ſpecifying the diſeaſe, former occupation, and preſent neceſſity of the patient thus recommended; and theſe recommendations ſhould be ſubjected to the controul of the medical attendants, who ought, however, to be reſponſible for their conduct to the governors at large.

We have collected ſuch obſervations as we conceived to apply with moſt advantage to the conſtruction of hoſpitals, their regulation, and the method of keeping their accounts. For the moſt valuable part of theſe materials we acknowledge ourſelves indebted to the labours of the excellent HOWARD; the difficulty of procuring acceſs to his works in diſtant parts of the country where the Reports of this Society are diſſeminated, will, we hope, be deemed a ſufficient apology for the compilation.

We cannot conclude without inſiſting on the neceſſity of conſtant viſitation. Such governors as were diſpoſed might undertake the duty in rotation, and to inſure its regularity, ſubſcribe an engagement to that purpoſe; or in particular inſtances, they might delegate their authority to perſons of approved diſcretion and probity, whoſe humbler rank in life might allow to them

them more leiſure, and afford them more exact knowledge of the detail of internal regulation. The advantages derived to inſtitutions of this kind in the Roman Catholic countries, from the attention of ſocieties truly religious, are known to all who have inſpected the hoſpitals of the continent. To the detail of ſuch attentions, the time of the medical attendants muſt, of courſe, be unequal; and unleſs ſuch be ſhewn, the moſt munificent contributions (with ſlight, and as it were incidental advantage to the ſick) tend principally to aggrandize the plunder of a rapacious ſteward, an indolent matron, and a ſet of nurſes, negligent of their duty, and profligate in their manners.

INSUFFICIENCY OF THE HOSPITALS IN DUBLIN FOR THE RECEPTION OF THE SICK POOR OF THAT CITY.

THAT in this metropolis, celebrated for the munificence of its public charities, a conſiderable proportion of poor, whoſe ſituation, of all others, has the ſtrongeſt claim on humanity, remains abſolutely unprovided for, is an aſſertion which will not be received without ample proof. Of its truth, however, the conſiderations advanced in the following pages will be found to afford an evidence but too impreſſive and complete.

When we compare Dublin with other cities of equal or ſuperior extent, we find it to poſſeſs advantages which might appear to ſecure to its inhabitants an exemption from many of thoſe diſcaſes which ravage the other great cities of Europe—the temperance of its climate, its vicinity to the ſea, the elevated poſition of ſeveral of its principal ſtreets, and, unleſs in times of irremediable ſcarcity, ſuch as have lately occurred, the conſtant and plentiful ſupply of wholeſome proviſions.

But

But these advantages are unfortunately more than counterballanced by circumstances of an opposite tendency—the closeness and filthiness of the streets which are occupied by the inferior classes of the people, their low situation and want of proper sewers, which subjects them to continual inundation, the wretched condition of the houses, which undergo scarce any repair, and are surrounded by every kind of nuisance,* but above all, the improvidence and supineness of their inhabitants. The inference from these facts is but too obvious—"that the labouring poor of this city are subjected in an extraordinary degree to the ravage of disease, and in circumstances the most unfavourable to their accommodation and recovery."

An estimate of the actual number of those who are thus left destitute, may be useful, both as

* In those parts of the city where an house is so far fallen into decay as to be unfit for the habitation of any decent family, the lower floor is generally let to a publican or huxter, and the remainder in separate apartments. In one of these wretched tenements from six to ten persons are not unfrequently crowded into one room; the house undergoes no repair, no provision is made for cleaning the stairs or common passages, where every kind of filth is accumulated; by this means contagious diseases are perpetuated, and scarce a week elapses in which some of the inhabitants (to adopt expressions which the familiarity of the mischief has introduced) do not fall down in the fever.

as it tends ſtrongly to impreſs the truth of the general ſtatement, and as it may ſerve to point out the extent of the means which ought to be provided for their relief; with this intention the following materials have been collected.

By the excellent aſſociation for the relief of ſick poor in the pariſh of St. Nicholas Without, (a particular account of which will be communicated to the ſociety,) 228 is the average number of perſons who have been annually relieved.

The great majority of ſick are deſtitute of almoſt every kind of accommodation and ſupport; this is but too fully evinced by the mortality which has taken place amongſt them.

The mean annual number of deaths for the period of nine years is found to be 32. Thus about one ſeventh part of the entire number have fallen victims to diſeaſe and penury, notwithſtanding the ſupport ſo humanely and conſtantly adminiſtered to them.

An inſpection of the regiſtries of the principal hoſpitals in Great Britain will evince, that no means can be diſcovered more effectual for the remedy of this alarming evil than to imitate our ſiſter kingdoms in the humane and munificent inſtitutions of their hoſpitals; in them the mortality amounts to not more than from 1-20th to 1-30th of the number admitted.

The population of the pariſh of St. Nicholas Without may be eſtimated at about 1-15th of the entire population of Dublin: it is indeed

expoſed

expoſed in a remarkable degree to the operation of the cauſes of diſeaſe already enumerated; but in this reſpect it is by no means ſingular—the pariſhes of St. Mark, St. Luke, St. Catherine, St. Audeon, St. Michan, St. Paul, and St. Nicholas Within, ſtand forward in the melancholy competition. But abating the number of ſick in favour of the more opulent and healthy pariſhes, we may infer, with too great certainty, that above 2000 inhabitants of the city of Dublin labour annually under the accumulated preſſure of want and diſeaſe, without any adequate means of relief and ſupport being provided for them.

That this is an under-rated ſtatement, ſeems probable, from the account of the Houſe of Recovery in Waterford, laid before this ſociety, from whence it appears, that in that city, in a population of between 30 and 40,000, not leſs than 1500 poor were continually affected with fever.

A ſimilar concluſion may be deduced from premiſes altogether different, if we compare together the means of relief afforded to the ſick poor in London and in Dublin, reſpect being had to the population of the two capitals.

The number of beds in London deſtined for the reception of ſick poor, and kept continually occupied, amounts to 1656, as will appear by the following ſtatement.

London

London Hoſpital,	120.	Howard's acct. of Lazar.	See p. 131.
Middleſex do. -	70.	Ibid.	p. 133.
Guy's do. -	304.	Ibid.	p. 136.
Weſtminſter do.	85.	Ibid.	p. 136.
George's do. -	159.	Ibid.	p. 137.
Thomas's do. -	474.		
Bartholomew's do.	453.		
	1656.		

In this ſtatement no account is taken of hoſpitals for the reception of venereal patients, lying-in-women, or incurables.

The numbers admitted to Thomas's and Bartholomew's hoſpitals are the average from five years' reports (from 1761 to 1765, incluſive,) given in by the governors of the hoſpitals to the Lord Mayor of London.

See Annual Regiſters for the above years.

At the time of Howard's viſit (1788), the numbers were ſomewhat reduced—St. Bartholomew's contained 428 patients (p. 132), St. Thomas's 440.

If we ſuppoſe the ſame proportional quantity of poverty and diſeaſe to exiſt in Dublin as in London, and aſſume the population of the firſt mentioned city to be one fourth of that of the latter, the number of beds for the reception of the ſick in Dublin ought, at leaſt, (ſince in Lon-

don we cannot ſuppoſe diſtreſs to be fully provided for,) to amount to 414, which is one fourth of 1656.

The actual number of beds in the Dublin hoſpitals is——

Mercer's, - - - - - - - - - -	30
Jervis-ſtreet, - - - - - - - - -	8
Stevens's, - - - - - - - - - -	106
Meath, or Country Infirmary, - -	30
Total	174

The difference between 414 and 174 is 240; according to the loweſt computation a bed may be ſtated as capable of accommodating nine patients during a year; this proceeds on a ſuppoſition that it is occupied for near ſix weeks by a ſingle patient.

In Edinburgh the entire number admitted into the Royal Infirmary during ſix years, from 1770 to 1775, incluſive, is 10219, which gives 1703 as the annual average; dividing this number by 158, the number of the beds, we find 10.8 patients were accommodated in a bed during one year.

The entire number of patients admitted into St. Thomas's hoſpital during 5 years, from 1761 to 1765, incluſive, amounts to 35518 (ſee return in the Annual Regiſter for the above years); dividing this number by 5, we have

7103

7103 for the average number annually received, this number divided by 474, the number of beds, quotes 14.9, or near 15 patients, accommodated in one bed during a year: the mean of the three numbers 9, 10.8, and 14.9, is 11.5; multiplying by this laſt mentioned number, the number of beds deficient (viz. 240), it follows, that in Dublin 2760 perſons annually want that relief which in London is provided for thoſe in ſimilar ſituations—a reſult which approaches nearly to the concluſion formed on principles altogether independent of thoſe laſt adopted, and which may, therefore, be ſuppoſed not to differ much from the truth.

Theſe calculations include, without diſtinction, both medical and ſurgical patients, but in Dublin thoſe of the laſt mentioned deſcription, who are accommodated in hoſpitals, bear a much greater proportion to the whole number than in London; the number of beds for the reception of medical patients in Dublin (Channel-Row excluded, where hitherto it had not been poſſible to provide proper hoſpital accommodation,) does not exceed 54, that is, 35 in Stevens's hoſpital, 13 in Mercer's, and 6 in the Meath hoſpital. Hence if we regard the accommodation of medical patients only, we probably ſhall not err much in ſtating, that the charities of London are three times as extenſive as thoſe of Dublin, reſpect being ſtill had to the comparative population of the two capitals.

Facts, ſuch as theſe, to awaken the attention of the public, need only be known; nor can it be doubted but that a generous emulation will animate the citizens of Dublin to vie with the ſiſter kingdom in eſtabliſhments of ſuch utility. And that, as their other public buildings exhibit ſuch ſtriking proofs of the wealth and grandeur of their metropolis, they will aſpire alſo to a ſuperiority in ſtructures dedicated to that virtue which has always conſtituted ſo diſtinguiſhing and amiable a part of their character.

The following extracts from Mr. Howard's work on priſons and hoſpitals, (3d edition, Warrington, 1784) will add conſiderable ſtrength to the above argument, by evincing that in the principal cities on the continent, which he viſited, the hoſpital eſtabliſhments are far ſuperior to any that now exiſt in this country, both in extent and excellence of conſtruction. The quotations are ſet down in the author's own words, and peculiarities, which ſeem to deſerve imitation, are noted.

HOLLAND.

Rotterdam. Peſt-Houſe—ſquare of 154 feet—4 large wards—2 of 87 by 30 feet, and 21 high.

Leyden Peſt-Houſe, ſimilar to that of Rotterdam, but more ſpacious. P. 54.

Amſterdam. Gaſthuys—womens' ward full of patients—not in the leaſt offenſive, *becauſe lofty.* P. 62.

Utrecht.

Utrecht. Leewenberch Gaſthuys—4 ſpacious wards, 30 feet high—no rooms over wards. P. 65.

Denmark.

Copenhagen. Frederick's hoſpital, an elegant building—a ſpacious area, with pleaſant walks for patients, 142 men, 87 women, in all, 227—of theſe 158 medical, 69 ſurgical. P. 80.

St. John's Hoſpital, half a mile from the city—about 100 men, 200 women. P. 81.

N. B. The population of Copenhagen is eſtimated at 100,000. *Guthrie.* P. 107.

Sweden.

Stockholm Hoſpital. Wards contain not more than 7 beds each.

Russia.

Peterſburgh Military Hoſpital conſiſts of 28 ſpacious rooms; 14 houſes, each containing from 40 to 45 beds are annexed to it. P. 88.

Marine Hoſpital. In a garden encloſed by paliſades—7 rooms for convaleſcents, each a ſeparate building, 70 feet by 26. P. 88.

Cronſtadt Hoſpital. Built by Peter the Great for a palace—many ſpacious rooms, all perfectly clean, with 8 or 10 beds in each room; number of patients 515. Seven rooms for convaleſcents, diſtant from the building, 72 feet in length, and 23 in breadth. P. 91.

Moſcow. A Lazaretto, conſiſting of near 100 rooms round a court. P. 93.

Military Hoſpital. Finely ſituated on a riſing ground, near a river; 4 lofty and ſpacious rooms. P. 94.

Catherine's Hoſpital conſiſts of ſeveral houſes of one ſtory, built round an elegant court P. 95.

ITALY.

Bologna Hoſpital. Sta. Maria de Vita. Wards 32½ feet wide; beds 3 feet 8 inches aſunder; gallery 18 feet above the floor, for opening and ſhutting the windows. P. 107.

Florence. Hoſpital of Sta. Maria Nova. Fever Ward, 454 feet long, and 30½ feet wide. P. 108.

Hoſpital St. Gio de Dio. Ward 123 feet long, 33½ wide; lofty and clean, containing 33 beds, 3 feet 4 inches wide, placed on varniſhed boards, on iron bedſteads. P. 108.

Hoſpital St. Paolo della Convaleſcenza. Clean and airy apartments, and ſpacious dining hall. P. 101.

Rome. Many hoſpitals, one containing 1103 patients. Convaleſcent hoſpital. P. 115.

In many of the Italian hoſpitals, and in all belonging to the order of the Benfratelli, there are no rooms over the ſick wards, ſo that they are as lofty as our churches or chapels. P. 119.

Genoa. Great hoſpital, 300 men, 600 women. P. 120.

GERMANY.

Munich. Freres de la Charite. Wards 26 feet wide, all neat and clean, ſtill and quiet. P. 13.

PORTUGAL

PORTUGAL.

Liſbon. General hoſpital, contains 593 men, 280 women; ſome of the wards 46 feet wide. P. 152.

SPAIN.

Madrid. General hoſpital. A building round a ſpacious court, 310 feet, by 200. Three ſides of the court have corridors 12 feet wide. Wards 55½ feet wide, ſupported in the middle. Number of men 589—of women, 302. P. 158.

Madrid. Hoſpital de la Corte. Wards lined with glazed Tiles; convenient alcoves, with linen curtains before them.

Burgos. Hoſpital del Rey. Beds placed in Alcoves, 10 feet by 9 feet 4 inches, with curtains before thoſe of the women. The other 3 hoſpitals at Burgos reſemble this noble hoſpital, with botanic gardens to each.

FRANCE.

Paris. Hotel Dieu—1709 patients.
St. Lewis—662 ditto.
La Charité---203 ditto.
Preſentation of beds bought. P. 177.
Hoſpital for Incurables, do. P. 178.

Lyons. Hotel Dieu in form of a croſs: near 300 feet from end to end both ways. Wards 32 feet wide, 25 feet high;---under a Dome in the centre, an octagon altar; prayers twice a day. P. 179.

HINTS OF HOSPITAL REGULATIONS.

CONSTRUCTION OF HOSPITALS.

1. THE conſtruction of an hoſpital ſhould be airy, lightſome, and even elegant. No remark of HOWARD's is more true than that under ſuch circumſtances the recovery of the patient is materially promoted; but, further, they invite the governors to frequent inſpection, without which, experience has abundantly ſhewn, the deſign of all ſuch inſtitutions muſt ſoon be perverted.

2. Floor of wards laid with mountain ſtone —ſtone ſtairs—wards from 18 to 24 feet high, with windows near the cieling, and a gallery extending along ſeveral wards—men's wards and women's, in ſeparate wings, and not to contain more than ten beds, each.

3. Louvres, and air trunks, at the top of wards.

4. Spare wards to be provided, to which patients may be tranſported, in caſe any particular ward ſhould want repair or ventilation, after the prevalence of an infectious diſeaſe.

5. Wards for convaleſcent patients, in an airy and pleaſant ſituation, and an area, or piazza, in which convaleſcent patients may uſe exerciſe.

6. Lofts for ventilating infected cloaths.

7. Beds, if poſſible, in ſpacious receſſes, with curtains.

ADMISSION OF PATIENTS.

1. NAME, occupation, and place of abode of every patient to be entered on admiſſion, with an inventory of every article belonging to each patient.

2. Patients to be waſhed on admiſſion—clean linen to be given to each—their cloaths to be hung in a room, well ventilated, and an hoſpital dreſs (if neceſſary) allotted to them.

3. Subſcribers' patients to be entered as ſuch in a book which ſhall ſhew the number recommended by each ſubſcriber during the year.

4. A printed paper to be given to each patient on admiſſion, informing him of the rules with which he is to comply, of the means of obtaining redreſs if he ſhould have cauſe of complaint, and exhorting him to religious and ſober demeanour.

5. Beds numbered, and name of patient on admiſſion affixed to each bed.

ACCOMMODATION AND ATTENDANCE OF PATIENTS.

1. Regular ſpiritual aſſiſtance to be provided—Books to be left in the wards, *e. g.* Teſtament, Stonehouſe's Spiritual Advice to a Patient, his advice for the uninſtructed—ſheet prayers.

2. Iron bedſteads, with hair mattraſſes—theſe to move on caſtors, if placed in receſſes—machine for airing beds. Howard's Lazar. p. 136.

N. B. Hair, when waſhed, dried, and picked, is as good as new. Ibid. p. 198.

Hair will not anſwer in ſurgical caſes *

3. Cleanlineſs and regularity enforced by detailed regulations——ſmoaking——ſpitting on walls or floors—lying on outſides of beds with cloaths on—uſing ill language——introducing ſtrangers, (except at ſtated hours, diſtant from thoſe of meal time) to be prohibited.

Rules to be ſanctioned, when practicable, by diminiſhed diet, or removal to unruly ward.

4. Baths, hot and cold, electrical, perhaps pneumatical apparatus—modes of exerciſe and geſtation, as in the Bath hoſpital.

5. Nurſes to be ſingle women, from 40 to 50 years old—one to every ten beds—ſuperannuated nurſes to be provided for.

* If ſtraw be uſed, great care ſhould be taken in airing it.

DIET.

1. SUMMER diet to be different from winter.

2. Diet for women and children—different from that of adults.

3. Dietaries to be poſted in wards, and notice of no perquiſites to nurſes.

4. Scales and weights to be placed in each ward.

5. No victuals to be dreſſed in the wards, or to be ſuffered to remain there after certain hours.

6. Attendants, all to be dieted in the hoſpital (ſee Report).—No food or liquors to be brought in or out of the wards by ſtrangers on any pretence.

7. Complaints in reſpect to diet, to be addreſſed to the ſteward, houſe-keeper, or any of the governors or medical attendants, but particularly to the viſitor.

8. Proviſions to be laid in by contract with the board, not with the ſteward.

9. Half a pound of boiled meat (according to HOWARD's Report,) is the daily allowance for full diet in St. Thomas's hoſpital, London—the ſame quantity (whether boiled or unboiled he does not mention) in St. Bartholomew's and the London hoſpital—Are not the inhabitants of this city accuſtomed to the uſe of leſs animal food

food than in London, and ought our hoſpital allowance of meat to be greater than in that city?

See Report of Sub-Committee.

MEANS OF PREVENTING INFECTION.

1. Foul linen to be immediately removed from wards—the blankets, &c. of a fever patient to be immediately waſhed,* or removed to airing-room.

3. Fever Wards to be placed near laundry and airing-room—to be white-waſhed twice, at leaſt, in the year.

GOVERNMENT OF HOSPITALS.

1. Governors, or reſpectable perſons, choſen by the board, each to undertake a regular viſitation for a certain time, and to ſubſcribe a declaration for that purpoſe.

See Report of Sub-Committee.

2. Quarterly

* Low priced blankets will not waſh. Blankets not dreſſed over the teaſels bear ſcouring beſt.

2. Quarterly accounts to be compared with conſumption books of the hoſpital, by a committee, previouſly to their being paſſed by the board.

3. Arrangement to be made, veſting certain officers of the hoſpital with diſcretionary power of ſuſpending nurſes, ordering repairs, diſmiſſing patients, &c.—ſubject, however, to the reviſion of the board.

4. No ſtranger on any account to be ſuffered to lie in the hoſpital, or to viſit the patients at meal time.

5. An auditor of accounts to be annually appointed from amongſt the governors.

6. Medical attendants not to be governors.

SCHEME FOR HOSPITAL ACCOUNTS.

On the admiſſion of a patient his diet ſhould immediately be regulated by ſome medical attendant, according to a printed form of dietary, ſuited to the different circumſtances of the ſick; once every day, and twice on the days of admiſſion, before and after the admiſſion hour, he ſhould return to the ſteward a liſt of patients, arranged according to their different diets; a counterpart of this liſt ſhould be preſerved as a check on the ſteward. This laſt mentioned officer ſhould make out a return of the daily

conſumption of every article of diet contained in the dietary, correſpondent to the quantities there allotted, and to the numbers on each kind of diet: this may be eaſily done by the aſſiſtance of printed or engraved forms, a ſpecimen of which is depoſited in the hands of the ſecretary of the ſociety. * By this means the conſumption of every article of diet may be brought forward from day to day, and from week to week; and at the end of the quarter, when the accounts are to be made up, may be compared with the bills which contain the quarterly charges for each article, account being taken of the proviſion in ſtore at the end of laſt quarter. An analyſis of theſe bills, arranged under ſeparate heads, with remarks on the charges, quality of articles, &c. will be found ſatisfactory and uſeful; a form of this analyſis is likewiſe depoſited in the hands of the ſecretary of the ſociety.

* This form alſo provides for the account of the conſumption of articles not in the dietary, and for the extra allowance of diet articles, according to the direction of the phyſician or ſurgeon---which ſhould he written every viſiting day in a book kept for that purpoſe.

FINIS.

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